

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09779113

FILING DATE
29-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3	1		1			
4	1					
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	/	/				
14	1		1			
15	1		1			
16	1		1			
17	1		1			
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39			1			
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47						
48						
49						
50						
TOTAL IND.	5		4			
TOTAL DEP.	18	→	45	→	→	
TOTAL CLAIMS	23		54			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								